

Keller Army Community Hospital

JCAHO Survey 16-18 December 2003: After Action Report

Surveyors:

Beverly Gaddy – Nurse, Team Leader and Administrator
Dr. Richard Anderson – Physician
Dr. Brett Elliott – Ambulatory
Dr. John Burke – Behavioral Health

KACH had a great survey. We established our EOC/Training Room for JCAHO Surveyor headquarters, with computer access, telephone, as their base of operations during the survey. The primary document review session, as well as many of our large group sessions, was conducted in that room. All our documents by functional area were available in the room for the surveyors.

Document review session:

1. Reviewed approved abbreviations list and the dangerous abbreviations lists.
2. Medical Staff Bylaws
3. Plan for Provision of Patient Care
4. Medical Record Delinquency Data
5. Statement of Conditions Part IV (signed).
6. Autopsy criteria
7. Medical Staff peer review policy
8. Example of PI that had sustained performance improvement
9. Medical Maintenance, Documentation and History of Equipment.
10. Recalls and Alert Messages.
11. Structure of EC team & how information flowed.
12. Work Order Procedure and Support from Post on engineering issues.
13. EMP Drills, coordination with outside agencies and Post discussed.
14. Safety and Life Safety overview of Program and how training was mandated.
15. She asked each EC member what was the one accomplishment this last year of which they were proud of. All told her it was a Team effort and not one individual could take credit for it all.

PI Overview

1. Introductions – meeting attended by surveyors, members of the Performance Improvement Committee.
2. C, PAD presented the Master Problem List Compliance PI initiative
 - Complimented on the size of the undertaking
 - What did you do if you found some part of the record wasn't done?
 - What made you do all records?
 - When you first started, did you set a date to have the problem solved?
 - Was your initial goal 100%?
 - For the last 6 months you have been at 99%, will you continue to monitor?
 - Where does the MPL go?
 - Are you doing this for dependents?
 - The records we will be reviewing later will they have the MPL in them?
 - What is the status of developing an electronic version of the MPL?
3. What have you done with your failure modes?
4. How did you determine the specificity of it?
5. What are you finding out about the current RCA?
6. When will you conclude the RCA?
7. What benchmarks do you use to keep CDT and AD as healthy as possible? How do you compare to Annapolis?

8. Is weight an issue?

Leadership Interview

1. PowerPoint presentation by the Commander
2. Have you ever thought about a Preventive Medicine fellowship/residency program?
3. How many deliveries do you do?
4. At any time are subject to deployment? Your length of stay is 2 years?
5. How do you approach short term, mid term, and long term planning for the hospital when deployments occur?
6. How many reservists have been activated?
7. Budgeting?
8. How do you determine your patient population needs?
9. Patient satisfaction information?
10. Average census of 8 patients? Are you manned to handle an influx of patients?
11. Where do you medivac out to if you can't handle a patient's care?

Patient Safety and Medication Administration Interview

The nurse surveyor focused on the national patient safety goals and the 11 criteria established by JCAHO. She asked questions related to knowledge, understanding and implementation of the national patient safety goals and criteria. She indicated that JCAHO published an official do not use list on their website. Everyone should be using this do not use list effective 1 Jan 03. She indicated about 20 percent of hospitals received Type 1 findings for not implementing the official do not use list published by JCAHO. She indicated the most problematic national patient safety goals were abbreviations and time out for surgery. JCAHO is still receiving 8-10 incident reports per month in these areas. Specific questions asked are as follows:

1. Where are you at with implementing the national patient safety goals?
2. Have you implemented a do not use and standardized abbreviation list? If so, when did these lists become effective?
3. How are you doing with evaluating your use of these lists?
4. What challenges have you experienced with implementing the patient safety goals related to surgery?
5. Will I find documentation in the medical records as to who is performing the required checks related to wrong sided surgery.
6. If I test the alarm system along the way, will I get a nice response?
7. Will I find documentation of the "read back" of verbal orders? (She was informed that we do not accept verbal orders per hospital regulation)
8. Have you thought about what actions you would take related to critical values?
9. Is the pharmacy in good shape?
10. Do you have night stock orders?
11. What about adverse drug reactions? How do you manage and track adverse drug reactions?

Infection Control

The nurse surveyor commented that we have a small hospital with fewer challenges than larger hospitals, but she was impressed with what she saw during the interview and visits to areas. She requested laboratory and central materiel supply (CMS) participation in the interview and stressed their need for involvement in the hospital's infection control program. She indicated that she liked the last category on page 3 of the infection control checklist used during internal surveys of areas.

Specific questions asked are as follows:

1. Are there any infectious disease issues here on staff?
2. Do you think next year your infection rate will remain about the same?
3. Do you all interface with the Pharmacy and Therapeutics Committee?
4. Is the committee involved in antibiotic usage on a routine basis?
5. How are you [the infection control consultant] able to monitor infection control practices and processes throughout all of the clinics including outlying clinics?
6. Do they have cidex and serex at outlying clinics?

7. Do you [infection control consultant] receive the sterilization report from CMS?
8. Do you all track, trend and follow-up on sharps exposures? Is occupational health involved in this process?
9. Were all of the sharps exposures known cases?
10. Were there individuals started on any particular protocol after sharps exposures?
11. How do you [infection control consultant] plan on tracking compliance with hand washing guidelines to see if goals are being met?
12. What is your proudest accomplishment?
13. Do you ever have anything to report to the county health department? If so, how many incidents have you reported to the county health department?

Human Resource Interview

1. What were your Staff Effectiveness Indicators?
2. How often do you do orientation?
3. What is your probationary period?
4. What time frame from an employee starting do you start the CBO?
5. Are you timely with yearly evaluations?

Age-Specific Competency Training:

The nurse surveyor conducted an in-service on age-specific competencies for the hospital staff. As a surveyor, she indicated that she is more concerned about a hospital's ability to take global age-specific information and apply it to various clinical settings. She stressed the need to take age-specific competencies and make them job-specific based on an individual's job description. Verification of age-specific competencies should take place during the orientation process. It should include direct observation of staff taking care of a wide age range of patients within their scope of service. She asked the audience to think about who is competent to judge the competency of others throughout the organization. She challenged the audience to develop and automate a tool that would include job description, age-specific competency requirements and competency assessment into one tool.

Medical Staff Credentials Interview

1. Are the providers fully licensed?
2. Do you have clearly delineated clinical privileges?
3. Tell me your process for granting privileges?
4. If you have a FP that wants to practice OB, how do you determine they have the skills?
5. How do you monitor that physicians are practicing within their scope?
6. What performance data do you collect on providers?
7. Surveyor requested 18 LIP files.
8. Pulled a mix of AD, civilians, contract
9. Viewed all levels of education and looked for prime source.
10. Viewed Board Certification.
11. CMEs and requirement by bylaws.
12. Viewed state license and prime source.
13. Looked for all levels of training (bls, acls, etc) and what KACH required and for what type of provider.
14. Reviewed last performance assessment/evaluation.
15. Health status
16. NPDB
17. Letters of reference.

Information Management

1. What have you been doing to upgrade your systems?
2. What have you done to protect patient information from dept. to dept.?
3. What staff education have you done?
4. How much of the medical record is automated?

5. Can a staff member access information and can you find out who?
6. Can you tell who has looked at results?
7. So you don't know if someone is looking where they shouldn't be?
8. Does the staff know in general that they can get caught?
9. What about civilians?
10. Do clinicians have immediate access to library via the web?
- 11 How often do you find a computer unlocked?

Medical Records Review

1. Are you doing implants?
2. Do you see a drastic improvement by having the physician do the chart review?
3. Who does transcription?
4. Turn around time?
5. Does it take 5 day to get and H&P back?
6. How far along are you with coders?

Building Tour

Supplies:

- Need large rolling ladder
- Digital camera
- Flashlight
- Statement of Conditions report
- Keys
- Combinations to cipher locks

Route

2nd Floor Classroom (Introduction)
Stairwell 1
Soiled Linen Room (4C23)
Electrical Closet (4B3)
Isolation Rooms area (4B5/6)
Stairwell 2
Service Elevator Room
Penthouse
Roof Top
OBU Ward
Mechanical Room 3
Roof Top
Mechanical Room 2
Dining Facility (CPT Davidson)
Laundry/ clean linen (2A8)
Soiled Linen Room (2D6)
Loading Dock/ Receiving
Bulk O2 Storage
Gas Storage
Stairwell 3
Patient Administration (CPT Wilson)
Pharmacy (MAJ Nannini)
Storage Basement
Generator Room
Fire Alarm System
Conclude

Building Tour

1. Show me your pharmacy.

2. When was your official list of dangerous abbreviations initiated?
3. Are you inpatient and outpatient pharmacy located in the same area?
4. Any areas where there is stockpiling of medications that are not in your control? (i.e. IV Solutions)
Nurse surveyor went into controlled substance cage-checking inventory.
5. Can I just pick out something and check it?
6. What is the slowest moving drug?
7. What's in these little boxes?
8. Do you check narcotic waste sheets when they are returned from the floor?
9. Are there controlled substances in the clinics?
10. What happens to controlled substances that are reaching expiration dates?
11. Does the state board of pharmacy ever come to check you out?
12. Any federal facilities check you out?
13. What's in the flammable cabinet?
14. Do you re-package much?
15. How are you keeping up with your outdates? Am I going to find anything out of date?
16. How many outpatient Rx's are you filling?
17. What's your proudest accomplishment?
18. Are there any pharmacy vacancies?

Inpatient Pharmacy

1. Am I going to find any expired items?
2. Who has access into the pharmacy after hours?
3. How long have you been here? (asked pharmacy technician)
4. Who is responsible for replacing medications on crash carts?
5. Have you made any improvements since you have been here?
6. How did you end up becoming a pharmacy technician?

Building Walk-thru

1. **She looked for cigarette butts EVERYWHERE** –BUT FOUND NONE!!!!!!
2. Popped lots of ceiling tiles on the fourth floor.
3. She suggested purchasing a unit that encloses the area where ceiling tiles are being removed and workers are in the ceiling**
4. She suggested that each staff member have a key to the bathroom for the negative pressure rooms.
5. She suggested removing all of the locks from the doors to patient bathrooms altogether. **
6. She strongly suggested locking ALL of the housekeeping closets**
7. How often do you do generator tests?
8. How much of the hospital linen walks?
9. She checked every fire door for closure time.
10. She found several jars of what she referred to as "expired baby food". The jars were labeled "Best if used before" (with a date).

Environment of Care

1. What if you have an over run of births? Do you rent isolettes from any other hospital or area?
2. Do you check scales for calibration?
3. Who does the check of the emergency pull cords?
4. Can you turn down ventilator alarms?
5. How often do you check defibrillators?
6. **What would you do if the sewage system went down? Do you have a plan? What happens if it occurs in the middle of the night?** (She made a big deal out of this one!)
7. Divide out for me your priority vs. routine building improvements.
8. What have you done for emergency preparedness?
9. Have you addressed infant abduction?
10. Have you had any bomb threats?
11. She asked the environmental officer what his role is.

Fire Safety

1. Do you allow smoking in the building?
2. Is there a designated smoking area?
3. Tell me about the fire drills?
4. What improvements have been shown?
5. What about the three outlying clinics? Do they have fire drills?
6. Can folks use the fire extinguishers? ***She suggested doing an infant abduction and fire drill at the same time***

Security

1. Asked the Security Officer about his responsibilities.
2. Do you post any signs saying you are under surveillance? **She suggested posting signs stating, "This area is under camera surveillance."

Clinic Areas:

Emergency Room

The C, ER went through physical layout of the ER, introductions and what happens at the check in window.

1. Usual staffing?
2. How many rooms?
3. What have you seen today?
4. Looked at electrical covers, mattresses, supply cabinet
5. Do you do rapid strep?
6. Any point of care testing?
7. No sprinklers in the ER???
8. One of the national patient safety standards is proper identification of patients. What are your 2 ways of identifying a patient?
9. What type of IV pumps do you have?
10. Any free flowing IV's?
11. What PI initiatives have you worked on in the last 3 years?
12. If you had to change anything what would it be?
13. How have you been involved in the PI initiatives?
14. What alarm systems do you have?
15. Who checks them to make sure they are working?
16. Surveyor had NCOIC go to the bathroom across from the pharmacy and pulled the alarm. It sounded in the ER.
17. What have you done about patient rights?
18. Social Services available?
19. How do you handle seasonal changes, influx of patients?
20. Do you meet resistance from other hospital when you have to transfer a patient?
21. What is your number one complaint/diagnosis?
22. Do you have a lot of pediatrics?
23. Do you have psych available?
24. If a patient needs restraints what do you do? What is your policy?
25. What does the Military police do to help staff?
26. Nursing prospective?
27. Conscious sedation?
28. Staffing problems?
29. All from the same contractor?
30. Do you have any input on the budget?
31. Give me an example.
32. If there was anything to improve what would you do?

33. What education do you provide for your nurses?
34. Is there a problem getting charts in the evening?
35. X-rays in the evenings?
36. Do you have an area to lock up your controlled medications? Sedation meds?
37. Surveyor looked at the crash cart, controlled medications. Sedation meds in the fridge, narcotic book. Narcotic cabinet
38. How long do you keep your crash cart strips?
39. Surveyor reviewed 2 charts.

Physical Therapy

1. Introductions to C, PT and NCOIC
2. C, PT presented and explained the Research/PI initiatives
3. What do you use for patient identification?
4. Pain documentation PI initiative discussed
5. Do you get direct referrals from the ER?
6. Continuum of care?

Surgical Clinic

1. NCOIC presented Ortho PI initiatives
2. Surgical nurse presented Gastro PI initiatives
3. C, Surgery presented ENT PI initiatives
4. What do you use to clean your scopes with?
5. Dirty cart prevents spills
6. Do you dictate or write your notes?
7. What is the turn around time of dictation?

Endo Suite

All ok.

Ortho

1. Brace shop – What training do you have to do this job?
2. Anything you want in the brace shop?
3. Cast Room

Oral Surgery

1. What do you do here?
2. What PI initiatives do you have?
3. Do you offer training?
4. Since you have rotating staff approx every 2 years, how do you know everyone is sustained?
5. Is there a hospital policy on how to handle this? (IV sedation)
6. How do you track this? (IV sedation)

Family Practice/Internal Medicine

The nurse surveyor requested to review outpatient pediatric records and those of patients who recently underwent some type of procedure that day. She requested one outpatient record each per provider with at least 3 clinic visits recorded. She was particularly interested in documentation on the master problem list, patient education and pain management. She asked to be walked through the patient flow process in each clinical area and documentation of patient care.

1. How many pediatricians do you currently have deployed?
2. How do you validate what patients are saying?
She asked for one of each kind of chart for each age group (i.e., peds. adolescent)
3. What types of situations do you see in EFMP?
4. How long are your appt. times slotted for in these clinics?
She then stated she wanted to see specific charts and would come back later in the week to do a chart

review.

Specific questions asked are as follows:

1. How do you keep patients from accessing the supplies located in drawers in exam rooms?
2. What area would you use to talk with extended family members?
3. Do cadets have to get their own medical records for appointments?
4. How many pediatricians do you currently have deployed?
5. How do you validate what patients are saying?
6. She asked for one of each kind of chart for each age group (i.e., peds, adolescent)
7. What types of situations do you see in EFMP?

Cadet Health Clinic

Triage explained to surveyor

1. What is stored in the refrigerator?
2. How did you pick the range?
3. Who checks the crash cart?
4. Where do you record this?
5. Have you used the crash cart?

Exam room

1. Computers lock automatically?
2. How do you protect privacy?
3. Do you give IV fluids?
4. How do you determine tilt positive?

Cadet Lab

1. Labs are drawn and done here?
2. Point of care testing?

Cadet Radiology

1. How do you know the techs are qualified?
2. PI initiatives demonstrated by Head nurse
3. Have you ever been in on a FMEA project?
4. Your background in management?

Cadet Break Room

Flip chart presentation by Head nurse.

1. How many visits?
2. How much podiatry is provided?
3. Dermatology?
4. What preventive teaching are you doing with females?
5. Tell me about you OTC program?
6. How is the pharmacy involved?
7. Take care of Yourself handbook – when do they get this?

Optometry

Introductions and tour of area given

1. How many visits per year?
2. Provide glasses when in the field?
3. 50% need corrective lens?
4. Slide presentation given by Clinic OIC

Occupational Health

Tour of area given

1. What services do you offer?
2. How does Occ. Health operate?
3. What involvement with cadets do you have?
4. Any cadets want to go into Community Health?
5. Flip chart presentation by the Environmental Officer and C, Community Health Nursing
6. Have you had the opportunity to change workstations ergonomically? Do people listen?

7. Do you have the authority to check a workstation to see if the changes were made?
8. Do people listen?
9. We track ergo problems like carpal tunnel.
10. Do you go through areas and see if there is an ergo problem?
11. What do you do about hazardous material?
12. What is Garrison Safety?
13. What have you found in the water?
14. West Nile?
15. Cadets with Lyme disease?

Obstetrical Clinic

The visit to the obstetrical clinic was brief. The nurse surveyor toured the clinic, asked a few questions and reviewed one patient chart. As she toured the clinic, she pointed to about 20 equipment items and requested medical maintenance records for her review at a later time.

Specific questions asked are as follows:

How are you handling the new law that Congress passed allowing moms to go to outside facilities for their care?

CMS, OR, PACU and general clinical review

Same Day Surgery

Tour of the area was given. No questions.

Operating Room

Introductions by Head nurse and C, Anesthesia

Patient flow in the holding area, talked about the site verification form

Holding area (epidurals, IV's etc) explained and discussed other areas of the hospital that the CRNA's cover.

Do you have protocols?

What is the issue with Demerol?

To OR # 1

1. How often do you check the expirations on the sutures?
2. Where do you keep your meds?
3. How do you control your narcotics?
4. Can I see your narcotic book?
5. Do you store the meds alphabetically?
6. Checked supplies and dates on packages
7. Have you ever had malignant hyperthermia?
8. How often do we in-service for look-alike?

Sterile Supply Room

1. How often do you check the crash cart?
2. Who restocks the crash cart?
3. Checked fire extinguisher, autoclaving log

PACU

1. Tell me about your CNRA training?
2. When is the informed consent obtained?
3. How do you handle hazardous material?
4. What do you do first when a patient comes from the OR?
5. What criteria do you use to move a patient from one area to another?
6. What 2 patient identifiers do you use to identify the patient?
7. What would you like to see improved?

8. Surveyor review a chart

Pathology

1. Surveyor explained process, explained checks in procedures.
2. How do you maintain pt. Confidentiality?
3. How do you handle patient rights?
4. What 2 patient identifiers do you use?
5. Any infection control issues?
6. How do you dispose of needles?
7. Any pt. Complaints?
8. Any needle sticks in the last year?
9. Any autopsies?
10. What do you feel is a reasonable turn around time?

Blood Bank

1. What is the process you go through here in the blood bank?
2. Transfusion reaction policy?
3. Does the hospital have the luxury of calling you if they need you?
4. What do you do if you have a blood spill?

Main Lab area

1. How do you document critical values?
2. How often do you check the machines?

Radiology

Tour given by C, Radiology

1. How often do you check you x-ray aprons?
2. Do you have work orders in to fix the missing /broken tiles? I would like to see it.
3. Has a root cause been done? Work order shown to surveyor. Ceiling tile replaced.
4. Surveyor check alarm in patient bathroom

MRI/CT

1. All ok.
2. PI presentation given by NCOIC.
3. When you give a patient their films do you have them sign a HIPPA form?
4. We are now putting the films on CD's.

Inpatient Areas:

Obstetrical Unit

The nurse surveyor toured the inpatient obstetrical nursing unit. She went in the supply room, medication room, and an empty patient room, interviewed a patient regarding her care and pulled the patient alarm located in one of the bathrooms. As she toured the unit, she pointed to about 20-25 equipment items (including a fire extinguisher) and requested medical maintenance records for her review at a later time. She reviewed 3 patient charts looking for pain management documentation and patient teaching.

Questions asked during the unit tour:

1. Where are c-sections performed?
2. Who can turn off control valves?
3. How does anesthesia get their controlled substances?
4. How often do you use the operating room in OB for c-sections?
5. Who makes sure that all of your equipment is serviceable?
6. Do you have an infant alarm system?
7. Who monitors and records temperature readings on the refrigerator in the pantry?
8. Can patients open windows in their rooms?

9. How do you handle fetal demise?
10. If I come in thinking that I'm in labor would I automatically go to one of those labor rooms?
11. Does biomed perform calibrations on your scales?
12. What is minimum staffing?
13. Do you have any openings on the unit?
14. Is your breast feeding education provided to patients effective?

Medication Room (comments/questions):

1. Show me where anesthesia may have signed out a medication.
2. Show me an example of medication wastage.
3. How does pharmacy check for expired medications?
4. What happens if a medication is missing from one check to another?

Patient Interview:

1. How did things go?
2. What about your care?
3. How long were you in labor?
4. Were you involved in the management of your pain?
5. Has the staff reviewed safety precautions with you?
6. If I were dressed in scrubs and looked like one of the staff members, would you give me your baby?
7. What is unique about their identification tags?
8. Is there anything that could have been done better?

Special Care Unit

This unit was visited during the ER survey due to the fact that they are co-located in the same area. The surveyor did review the crash cart and address the staff. There were no patients in the unit at the time of the survey.

Medical Surgical Unit

This unit was surveyed during the off shift.

Special Interview/Issue Resolution or Patient Care Setting Visit:

The nurse surveyor spent this time following up on things identified earlier during the survey. She reviewed a couple of charts and went to the nutrition care department (NCD) to follow up on a matter pertaining to the expiration date of meat stored in the freezer. She walked into the meat freezer with the Chief, NCD to inspect the expiration date on a package of meat and reviewed the process used to ensure that meat and perishable food products are safe for patients and staff to consume. The nurse surveyor did her own calculations based on information provided and determined the expiration date for the package of meat in question. Based on her calculations, the package of meat had 3 days remaining before reaching its expiration date.

Behavioral Health Survey:

ASAP

1. Introductions
2. Dr Burke stated that he had experience surveying Army facilities and so he understood those situations particular to the Army.
3. He asked for an overview including the population served and services provided.
4. Military environment/policies have historically been problematic for the provider in carrying out a treatment. Have you found that to be so here?
5. Since you treat a small population, do you have problems with turnover or turn-around time?
6. Ratio (provider to population) in the military is substantially lower than civilian. Perhaps this needs to be looked at on a program-by-program basis.

7. Give me an overview of your PI and your policies for establishing staff competencies. How do you ensure that staff is competent to deal with issues as they arise with patients?
 8. Would be correct in assuming that any major issue at ASAP could be presented at the hospital PIC?
 9. We are doing some data gathering and analysis as we look at new standards coming in 2004. Does the Army IG team come in to survey the hospital any more? Often the IG team and JCAHO will team to do surveys.
 10. Changes to be seen in the new standards would include choosing 2 focus areas (which you have done) and quarterly data with analysis.
For now you are in good shape. Discussed that for now ASAP needs to be surveyed as part of the hospital. (You are in good shape here.)
 11. The MEDCOM benchmarking presently being used meet the intent of the IM standards – should look at further defining according to population (MP vs. cadet) and trends according to season (football season/winter)
 12. Discussion about pattern seen with young soldiers of past drug use then once in the military substituting alcohol for the drugs because of testing and social acceptance.
- Staff Competencies:
1. How do you determine staff is competent to handle all age ranges?
 2. Focus for the future must consider two areas 1) initial competence 2) ongoing competence. Criteria is beyond education and training ... think in terms of moving on, you can't require more than the regulations ask for but we have to evaluate competencies, need criteria, need to agree on a standard.
 3. If you have a population that has specific needs make changes to meet those needs.
 4. Surveyors are being trained to look at documentation that supports treatment, in the New Visions/New Pathway:
Dual Diagnosis, trauma and group therapy treatments are areas that will have some specific criteria. Age specific, special scope of practice and therapeutic group will be specified in the standards. They will be looking for you to include PI data as part of competency assessment.

Afternoon session:

1. Review of Case studies.
2. Reviewed three cases asking the provider to give a case presentation on each.
3. Commented on a good assessment documented.
4. Asked for documentation of pain. Said provider used good measurable descriptors on treatment plan.
5. Recommended broadening the treatment plan (and form) to include a plan to "treat, defer or refer" deficits recorded.
6. How do you identify priorities for treatment using this form? It could be done several different ways (sequential, numerically or listed and numbered)
7. Suggested emphasis on documenting spirituality as opposed to religious preference.
8. When do you revise your treatment plans?
9. Noted: Good assessments/good treatment plans
10. Is there a difference between how cadets and other patients are treated (a different standard)?
11. Do you limit what you put in your record due to command access?
12. Comments:
Be sure and document current status separately from a past situation. If a patient has a history of suicidal ideation documented, you must document about the present assessment of that problem even if it is not an issue now.
13. Summary:
 - a. Good SOP's
 - b. One question regarding release of information (TAB 14 is this a HIPAA violation) must state clearly.
 - c. Records are good, in depth assessments, good crossover to treatment plan.
 - d. The normal problem areas (family issues and trauma) are well documented.
 - e. Pain assessment is fine. Spirituality is in good shape.
 - f. The treat, refer, defer issue could be a problem if it is written in hospital standard. If so it will be a consultative finding.
 - g. Grade would be between 98-100!

Nice job. Good Approach, keep in mind I am looking at quality assurance recommendations for trends and benchmarks.

Mental Health

Questions:

1. As a federal program, are you exempt from reporting abuse cases to New York State?
2. Referencing Tx1.1.1 how do you annotate treatment needs that are being deferred?
3. Referencing use of JCAHO hospital standards, behavioral health and hospital standards are basically the same and all are rolled up in a category called special population.
4. How do you include treatment needs that need to be deferred or referred on your treatment plan? You have developed a plan (format) to meet your timelines and needs (very good).
5. Asked about your PI patient satisfaction tool – how often will you use the tool? Suggested quarterly to capture seasonal affect also patients who are post treatment and current treatment because the results can be very different.
6. Based on the numbers in your survey you could have used different methodologies to look at results...yours was very appropriate.
7. Regarding off the counter software (OQ45 program), many people who rely on external software programs end up dropping them due to expense or unmet needs. (They had developed their own excel data aggregate format instead of the commercial one)
8. Have you collected this data long enough to note any trends?
9. You have a very nice process, new emphasis is focusing on outcomes and you have done a very good job.
10. Focus questions:
 - a. The change and evolution of JCAHO is looking for 2 major projects on an annual basis.
 - b. Also looking to see a focus of ongoing monitoring of processes.
 - c. Suggested that monitoring ADR medications could be your ongoing project and one you've already started.
11. JCAHO is looking for you to identify projects that will assist in your service provision, look at your current projects and aggregate data. Very good that you are looking at projects that you are interested in.
12. What kinds of cases seem to be coming into your clinic, do you see lots of trauma victims? How do you determine staff competence to handle those special requirements, which you may not be competent to handle with existing staff? Your issues seem to be mainly "normal" mental health issues.
13. The direction of JCAHO is to determine the competency of professionals to whom we are making frequent referrals.
14. Did no review of clinical records (based on records reviewed at ASAP).
Only looked at two 6 parts and only checked the competencies of the NCOIC and MSW.

EDIS

1. Tour of room
2. Asked to provide an overview of what EDIS is and what they do.
3. Good overview
4. How do you see yourself aligning with JCAHO with your documentation?
5. Are other departments are aware of the services EDIS performs? (How does the MD know you saw the patient?
6. Do you do an IEP?
7. If a child continues to have an educational deficit, after they are 3 Y/o who takes on the responsibility?
8. What is in your educational records?
9. Looked at 2 records:
10. Give an overview of both of the patients with a summary of the assessments and the anticipated prognosis.
11. When you use a PT how do you evaluate the competency of the therapist?
12. Unique issue: How do you deal with infection control issues with your toys?
13. How do you evaluate our performance to know you are doing well?
14. Looked at a contract employee: How does your competency program work?

15. COMMENTS:

- Good overview
 - Sounds like a nice and coordinated process
 - Very comprehensive assessments
 - Sounds good, nice process, you have done very well
 - I would be proud to utilize the services of your program
16. Surveyor explained about the role of EDIS in the New Visions.

POC:

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